

SEP 05 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/613,033 Confirmation No. 9380
Applicant : Nima Ahmadvand, et al.
Filed : July 7, 2003
TC/A.U. : 2163
Examiner : VY, Hung T.

Docket No. : 50111-21CIP
Customer No. : 07380

Commissioner for Patents
Alexandria, VA 22313-1450
U.S.A.

Dear Sir:

In response to the Office action of June 5, 2006, please amend this application as follows:

Remarks/Arguments begin on page 2 of this paper.

SEP 05 2006

SMART & BIGGAR*Intellectual Property & Technology Law*

To Fax no.: (571) 273-8300

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Ottawa, Canada K1P 5Y6

Page 1 of: 5

Attention: Examiner Hung T. Vy
Group Art Unit 2163Tel.: (613) 232-2486
Fax: (613) 232-8440

From: Mr. R. Allan Brett

Your file no.: 10/613,033

Date: September 5, 2006

Reply to file no.: 50111-21CIP

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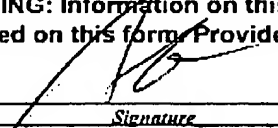
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P.2/6

SEP 05 2006

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. 50111-21CIP /aba	
Applicant(s): Nima Ahmadvand, et al						
Application No. 10/613,033	Filing Date July 7, 2003	Examiner Hung T. Vy	Customer No. 07380	Group Art Unit 2163	Confirmation No. 9380	
Invention: SYSTEM AND METHOD GENERATING MULTI-WAVELENGTH LASER SOURCE USING HIGHLY NONLINEAR FIBER						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	29 -	32 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	1 -	4 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-2550 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 R. Allan Brett Registration No. 40,476 CUSTOMER NO. 07380 Tel.: 613-232-2486 CC:			Dated: September 5, 2006 <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <div style="text-align: center;">(Date)</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			

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